

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. ~~7000~~

Water Right Permit No. \_\_\_\_\_

(1) OWNER Name MARK CLEARY Address 26915 - 78th AVE N.W. STANWOOD

(2) LOCATION OF WELL County ISLAND SE 1/4 NW 1/4 Sec. 23 T. 32 N. R. 25 W.

(2a) STREET ADDRESS OF WELL (or nearest address) 628 W. N CAMANO DR CAMANO IS., WA. 98

(3) PROPOSED USE ☒ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☐ Other ☐  
☐ DeWater

(4) TYPE OF WORK Owner's number of well (if more than one) \_\_\_\_\_  
Abandoned ☐ New well ☒ Method Dug ☐ Bored ☐  
Deepened ☐ Cable ☒ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS Diameter of well 6 inches  
Drilled 66 feet Depth of completed well 66 ft

## (6) CONSTRUCTION DETAILS

Casing installed: ☒ Welded ☐ Liner installed ☐ Threaded ☐  
Diam from 6 ft to 61 ft  
Diam from 0 ft to 61 ft  
Diam from \_\_\_\_\_ ft to \_\_\_\_\_ ft

Perforations Yes ☐ No ☒  
Type of perforator used \_\_\_\_\_  
SIZE of perforations \_\_\_\_\_ in by \_\_\_\_\_ in  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft to \_\_\_\_\_ ft  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft to \_\_\_\_\_ ft  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft to \_\_\_\_\_ ft

Screens Yes ☒ No ☐  
Manufacturer's Name WESCO  
Type 5/Steel Model No. \_\_\_\_\_  
Diam 6" Slot size 12 from 61 ft to 66 ft  
Diam \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft to \_\_\_\_\_ ft

Gravel packed Yes ☐ No ☒ Size of gravel \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft to \_\_\_\_\_ ft

Surface seal Yes ☒ No ☐ To what depth? 20 ft  
Material used in seal Bentonite  
Did any strata contain unusable water? Yes ☐ No ☒  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_

(7) PUMP Manufacturer's Name UNKNOWN  
Type \_\_\_\_\_ HP \_\_\_\_\_

(8) WATER LEVELS Land surface elevation above mean sea level \_\_\_\_\_ ft  
Static level 41 ft below top of well Date 8/28/90  
Artesian pressure \_\_\_\_\_ lbs per square inch Date \_\_\_\_\_  
Artesian water is controlled by \_\_\_\_\_ (Cap valve etc.)

(9) WELL TESTS Drawdown is amount water level is lowered below static level  
Was a pump test made? Yes ☐ No ☒ If yes by whom? \_\_\_\_\_  
Yield \_\_\_\_\_ gal/min with \_\_\_\_\_ ft drawdown after \_\_\_\_\_ hrs

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)  
Time Water Level Time Water Level Time Water Level

Date of test \_\_\_\_\_  
Bailer test 10 gal/min with 4 ft drawdown after 2 hrs  
Airtest \_\_\_\_\_ gal/min with stem set at \_\_\_\_\_ ft for \_\_\_\_\_ hrs  
Artesian flow \_\_\_\_\_ gpm Date \_\_\_\_\_  
Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☒

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation Describe by color character size of material and structure and show thickness of aquifers and the kind and nature of the material in each stratum penetrated with at least one entry for each change of information

MATERIAL	FROM	TO
TOP SOIL	0	1
LEG GRAVEL & BOULDERS	1	59
BROWN CLAY & GRAVEL	59	62
CLEAN GRAVEL	62	66

RECEIVED

OCT 09 1990

DEPT OF ECOLOGY

RECEIVED

NOV 19 1990

ISL. CTY. HEALTH DEPT.

Work started 8/23/90 completed 8/28/90

## WELL CONSTRUCTOR CERTIFICATION

I constructed and/or accept responsibility for construction of this well and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

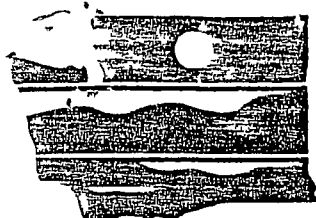
NAME Watkins Well Drilling Co  
(PERSON FIRM OR CORPORATION) (TYPE OR PRINT)

Address 556 N SUNSET DR. CAMANO IS. WA

(Signed) Felix Murphy License No. 323  
(WELL DRILLER)

Contractor's Registration No. WATKIND/3492 Date 9/5/90

(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE  
DEPARTMENT OF  
ECOLOGY

# Well Tagging Form

FALTHEST

Unique Well Tag No: AGA 734

## RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

sec #2

## WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name Mary Grove Search w.a. Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: Same

City \_\_\_\_\_ County \_\_\_\_\_

T \_\_\_\_\_ N R \_\_\_\_\_ WM Sec \_\_\_\_\_ 1/4 of the \_\_\_\_\_

## FOR AGENCY USE ONLY

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

Additional information, if available:

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other \_\_\_\_\_

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc)

6" casing exposed in field w/meter/elec box adj.  
adj to other sources

Location or Well Identification Tag

Casing

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1 24 000 (1 = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION \_\_\_\_\_

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued

One Application Permit Certificate Claim Exempt